



UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

11-24

DS
#12

In re Application of:

Ting Tina Ye et al.

Serial No.: 09/945,225

Examiner: M. DeSanto

Filing Date: August 31, 2001

Group Art Unit: 3763

For: MICROCATHETER WITH IMPROVED DISTAL TIP AND TRANSITIONS

Docket No.: 1001.1471102

Mail Stop Non-Fee Response
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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RESPONSE

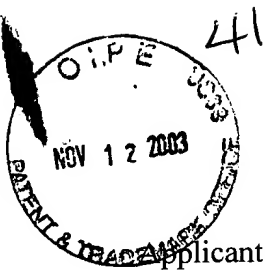
CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315612121 US, in an envelope addressed to: Mail Stop Non-Fee Response, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 12th day of November 2003.

By Kathleen L. Boekley
Kathleen L. Boekley

Dear Sir:

This paper is in response to the Office Action mailed August 12, 2003, with a shortened statutory period set to expire on November 12, 2003. This paper is filed within the set period for response such that no extension of time is necessary.

Please consider the following remarks:



11-14-03

37632

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ting Tina Ye et al.

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TRANSMITTAL SHEET

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Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315612121 US, in an envelope addressed to: Mail Stop Non-Fee Response, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 12th day of November 2003.

By

Kathleen L. Bookley

We are transmitting herewith the attached:

- [XX] Response
[XX] No additional fee required
[] The fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

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Fee Code _____ \$

Fee Code _____ \$

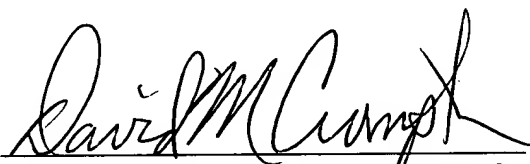
Fee Code _____ \$

[] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[XX] Other: COPY OF INFORMATION DISCLOSURE STATEMENT BEFORE MAILING DATE OF EITHER A FINAL ACTION OR NOTICE OF ALLOWANCE, COPY OF FORM PTO-1449 AND COPY OF OIPE DATE-STAMPED POSTCARD.

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[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772.
Customer No. **28075**

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